



IFW

<b>TRANSMITTAL FORM</b>			10/766,674
(to be used for all correspondence after initial filing)			January 27, 2004
		First Named Inventor	Bruce A. Block
		Art Unit	2813
		Examiner Name	Schillinger, Laura M.
Total Number of Pages in This Submission	9	Attorney Docket Number	42P13747D

<b>ENCLOSURES (check all that apply)</b>				
<input checked="" type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Response  <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	<div style="border: 1px solid black; padding: 5px; height: 100px; width: 100px; vertical-align: top;">           Return receipt postcard         </div>	

<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>			
Firm or Individual name	William Thomas Babbitt, Reg. No. 39,591  BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP		
Signature			
Date	12/23/05		

<b>CERTIFICATE OF MAILING/TRANSMISSION</b>			
I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.			
Typed or printed name	Nedy Calderon		
Signature		Date	12/23/05

Based on PTO/SB/21 (09-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wlr) 11/30/2005.  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



~~FEES FOR FISCAL YEAR 2005~~  
**FEES FOR FISCAL YEAR 2005**

*Patent fees are subject to annual revision.*

**Complete if Known**

Application Number	10/766,674
Filing Date	January 27, 2004
First Named Inventor	Bruce A. Block
Examiner Name	Schillinger, Laura M.
Art Unit	2813
Attorney Docket No.	42P13747D

**METHOD OF PAYMENT** (check all that apply)

Check  Credit card  Money Order  None  Other (please identify): \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayment of fee(s)  Credit any overpayments under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

## **FEES CALCULATION**

## **1. EXTRA CLAIM FEES**

		Extra Claims	Fee from below	Fee Paid
Total Claims	16	20 <sup>+</sup>	0	
Independent Claims	3	3 <sup>+</sup>	0	
Multiple Dependent			50.00 200.00	\$0.00 \$0.00

Large Entity		Small Entity		<u>Fee Description</u>
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
1202	50	2202	25	Claims in excess of 20
1201	200	2201	100	Independent claims in excess of 3
1203	360	2203	180	Multiple Dependent claim, if not paid
1204	300	2204	150	**Reissue independent claims over original patent
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (1)</b>				<b>(\$)</b> <b>0.00</b>

*\*\*or number previously paid, if greater. For Reissues, see below.*

## 2 ADDITIONAL FEES

**Large Entity      Small Entity**

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1051	130	2051	65	Surcharge - late filing fee or oath
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet
2053	130	2053	130	Non-English specification
1251	120	2251	60	Extension for reply within first month
1252	450	2252	225	Extension for reply within second month
1253	1,020	2253	510	Extension for reply within third month
1254	1,590	2254	795	Extension for reply within fourth month
1255	2,160	2255	1,080	Extension for reply within fifth month
1401	500	2401	250	Notice of Appeal
1402	500	2402	250	Filing a brief in support of an appeal
1403	1,000	2403	500	Request for oral hearing
1451	1,510	2451	1,510	Petition to institute a public use proceeding
1460	130	2460	130	Petitions to the Commissioner
1807	50	1807	50	Processing fee under 37 CFR 1.17(q)
1806	180	1806	180	Submission of Information Disclosure Stmt
1809	790	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))
1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))

**Other fee (specify)**

**SUBTOTAL (2)**

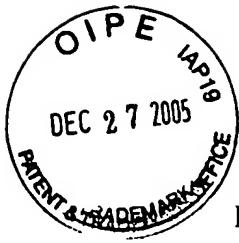
(S)

**SUBMITTED BY**

**Complete (if applicable)**

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	William Thomas Babbitt	Registration No. (Attorney/Agent)	39,591	Telephone (310) 207-3800
Signature			Date	12/23/05

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wlr) 12/15/2004.  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



Attorney's Docket No. 042390.P13747D

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Bruce A. Block, et al.

Application No. 10/766,674

Filed: January 27, 2004

For: ENHANCED ON-CHIP DECOUPLING CAPACITORS  
AND METHOD OF MAKING SAME

Examiner: Schillinger, Laura M.

Art Unit: 2813

AMENDMENT AND RESPONSE TO OFFICE ACTION

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Dear Sir:

In response to the Office Action mailed December 13, 2005, requesting an election of claims for examination purposes, Applicants elect Group II drawn to claims 7-16 without traverse. Accordingly, Applicants withdraw claims 1-6.